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## BIB DATA SHEET

CONFIRMATION NO. 1592

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT                     | ATTORNEY DOCKET<br>NO.  |                           |                                |
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| 10/585,754  | 07/12/2006  | 514  | 4121                               | PRD2166USPCT  |                           |                                |
| <b>RULE</b>   |   |  |                                    |   |                           |                                |
| <b>APPLICANTS</b><br>Marc Karel Jozef Francois, Kapellen, BELGIUM;<br>Roger Carolus Augusta Embrechts, Oud-Turnhout, BELGIUM;<br>Willy Maria Dries, Merksplas, BELGIUM;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP2005/050181 01/18/2005<br><b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 04100177.7 01/21/2004<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>06/12/2008 |   |  |                                    |   |                           |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/ADAM C. MILLIGAN/</u><br>Examiner's Signature   |   | <input type="checkbox"/> Met after Allowance<br>Initials | <b>STATE OR COUNTRY</b><br>BELGIUM | <b>SHEETS DRAWINGS</b><br>3   | <b>TOTAL CLAIMS</b><br>13 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>PHILIP S. JOHNSON<br>JOHNSON & JOHNSON<br>ONE JOHNSON & JOHNSON PLAZA<br>NEW BRUNSWICK, NJ 08933-7003<br>UNITED STATES  |   |  |                                    |   |                           |                                |
| <b>TITLE</b><br>Mitratapide Oral Solution   |   |  |                                    |   |                           |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                |